



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000927092

2. Name of Corporation Gbarnga Lutheran Mission Project, Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 445 ELMWOOD AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02907

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO SHARE THE LOVE OF JESUS CHRIST WITH ALL PEOPLE, PROVIDE CHILDHOOD EDUCATION, STRENGTHEN COMMUNITIES AND ALLEVIATE POVERTY IN LIBERIA AND RELATED ACTIVITIES

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JON ROSSMAN	89 PARK RD

		CHELMSFORD, MA 01824 USA
TREASURER	TIMOTHY LARSON	65 DAVIS RD BELMONT, MA 02478 USA
SECRETARY	KELLY LARSON	31 FIFERS LN BOXBOROUGH, MA 01729 USA
DIRECTOR	DOUG LARSON	31 FIFERS LN BOXBOROUGH, MA 01729 USA
DIRECTOR	WILLIAM MEYER	80 HOYTS HILL BETHEL, CT 06801 USA
DIRECTOR	MARSHA WILCOX	3 ALCOTT ST ACTON, MA 01720 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LEON SCHULTZ 445 ELMWOOD AVENUE PROVIDENCE , RI 02907

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 16 Day of September, 2021 at 3:45:40 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JON ROSSMAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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